

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/31/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155685</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>12/27/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVING CENTER-ELKHART</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 W HIVELEY AVE</b> <b>ELKHART, IN 46517</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Certification and State Licensure Survey completed on November 8, 2013. This visit included the PSR to Investigation of Complaints #IN00138396 and #IN00138613 completed on November 8, 2013.</p> <p>Complaint #IN00138396 - Corrected</p> <p>Complaint #IN00138613 - Corrected</p> <p>Survey dates: December 26 and 27, 2013</p> <p>Facility number: 000039 Provider number: 155685 AIM number: 100275130</p> <p>Survey Team: Debora Kammeyer, RN. TC Brenda Meredith, RN Sharon Ewing, RN Pam Williams, RN</p> <p>Census bed type: SNF/NF: 145 Total: 145</p> <p>Census payor type: Medicare: 10 Medicaid: 126 Private: 8 Other: 1 Total: 145</p> <p>Golden Living Center of Elkhart was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Recertification</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 and State Licensure Survey and the Investigation of Complaints #IN00138396 and #IN00138613.  Quality Review completed on December 30, 2013, by Brenda Meredith R.N.	{F 000}			